PTO/SB/17 (06-07)
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Under the Pa	aperwork Reducti	on Act of 199	95, no person are r	equired to	respond to a collection				control numbe	
Effective on 12/08/2004.					Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).							10/501,238-Conf. #5260			
FEE TRANSMITTAL					Filing Date	<del></del>				
For FY 2007					First Named Inv		Ana CHUDZINSKI-TAVASSI			
					Examiner Name		Л. P. Allen			
Applicant claims small entity status. See 37 CFR 1.27					Art Unit 1647					
TOTAL AMOUNT OF PAYMENT (\$) 1,020.00					Attorney Docket	Docket No. 5433-0101PUS1				
METHOD OF	PAYMENT	(check all	that apply)							
Check	Credit Car	rd 🔲	Money Order	No	ne Other (	please identi	fy):			
x Deposit A	ccount Deposit	t Account Num	nber: <u>02-2448</u> [	Deposit Acc	count Name:	Birch, Ste	wart, Kolasch	. & Birch, L	LP	
For the	above-identifi	ed deposit	account, the D	irector is	hereby authorize	ed to: (chec	k all that apply)	•		
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	harge any add ee(s) under 37		(s) or underpay and 1.17	ments o	f x Credit	any overpa	yments			
FEE CALCU	LATION									
1. BASIC FILIN	IG, SEARCH,	AND EXA	MINATION FEI	ES						
		FILIN	IG FEES	SE	ARCH FEES	EXAMIN.	ATION FEES	;		
Application T	уре	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity ) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	Paid (\$)	
Utility		300	150	500	250	200	100			
Design		200	100	100	50	130	65			
Plant		200	100	300	150	160	80			
Reissue		300	150	500	250	600	300		,	
Provisional		200	100	0	0	0	0			
2. EXCESS CL	AIM FEES								Small Entity	
Fee Description	Į.							Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues) 50								25		
Each independent claim over 3 (including Reissues) 200								100		
Multiple depend	dent claims							360	180	
Total Claims	Extra CI	aims	Fee (\$)	Fee F	Fee Paid (\$) Mu		ultiple Dependent Claims			
HD = highest num	- =	X _	=		<del></del>	Fee	· (\$)	Fee Paid (\$	1	
HP = highest num Indep. Claims	Extra CI			Eoo E	oid (¢)	<del> </del>		****		
muep. Ciaims	- =	X	Fee (\$) =	recr	Paid (\$)					
HP = highest num	ber of independe	nt claims paid	d for, if greater than	n 3.						
3. APPLICATIO				0			•			
If the specifica	ation and draw	/ings excee	ed 100 sheets o	t paper (	(excluding electro e is \$250 (\$125 fo	onically file	d sequence or	computer	`	
sheets or fr	action thereof	2 See 35 L	J.S.C. 41(a)(1)	(G) and	37 CFR 1.16(s).	or Siliali Cin	ity) for each a	uumomai 50	,	
Total Sheet		ra Sheets			dditional 50 or frac	tion thereof	Fee (\$)	Fee F	Paid (\$)	
	100 =		•	, , , ,	(round up to a who			=		
4. OTHER FEE(						•		Fees	Paid (\$)	
Non-English	Specification	ı, \$130 fe	e (no small ent	ity disco	ount)					
Other (e.g., 1	late filing surc	:harge): <u>1</u> 2	253 Extension	for res	ponse within th	ird month		1,02	20.00	
SUBMITTED BY						, ,	, , , , , , , , , , , , , , , , , , , ,			
Signature	note	U			Registration No. (Attorney/Agent)	36,623	Telephone	(858) 356	6-5959	
Name (Print/Type)	Mark J. Nu	ell					Date	July 9, 2	2007	

I hereby certify that this paper system in accordance with § 1.	(along with any paper referred to as being attached or enclosed) is being transmitted via .6(a)(4).	the Office electronic filing
Dated: July 9, 2007	Signature: (Christine Willis)	